

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	6A	105211	4/1
O.I.P.E. CLASSIFIER		15	4-15-99
FORMALITY REVIEW	TWB	10916 70976	6-30-99

## INDEX OF CLAIMS

Rejected	N
Allowed	I
= (Through numeral) ... Canceled	A
Restricted	O

Non-elected	
Interference	
Appeal	
Objected	

Claim	Number	Date
Final	Original	
1	✓	
2	✓	
3	✓	
4	✓	
5	✓	
6	✓	
7	✓	
8	✓	
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45	✓	
46	✓	
47	✓	
48	✓	
49	✓	
50	✓	

Claim	Date
Final	Original
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Claim	Date
Final	Original
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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